



The Commonwealth of Massachusetts
Executive Office of Public Safety and Security
Office of the Chief Medical Examiner



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January 13, 2017

The Honorable Karen E. Spilka
Senate Committee on Ways and Means
State House, Room 519
Boston, MA 02133

The Honorable Brian S. Dempsey
House Committee on Ways and Means
State House, Room 243
Boston, MA 02133

Dear Chair Spilka and Chair Dempsey:

Pursuant to the FY 2017 General Appropriation Act, the Office of the Chief Medical Examiner is required to submit to the House and Senate Committees on Ways and Means a report, no later than January 16, 2017, detailing the caseload of the office including, but not limited to: (a) the current caseload of the office and the caseload for fiscal year 2016; (b) the number of procedures performed in fiscal year 2016; (c) current turnaround time and backlogs; (d) current response time to scenes; (e) the number of cases completed in fiscal year 2016; (f) progress in accreditation with the National Association of Medical Examiners; (g) progress in identification and completion of reports; and (h) progress in improving delays in decedent release.

The Office of the Chief Medical Examiner, (OCME), is charged through MGL Chapter 38 with investigating the cause and manner of death in unexpected, violent or suspicious deaths. The OCME works in collaboration with District Attorneys, Courts, Attorney General, funeral homes, hospitals, academic centers, insurance companies, organ procurement organizations, fire departments, and local and state police, as well as supporting families and friends of decedents.

OCME Headquarters is located in Boston and is a twenty-four hours a day, seven days a week operation. There are three satellite offices located in Sandwich, Worcester and Holyoke. The Sandwich and Worcester offices operate on a Monday through Friday schedule and are each staffed by a contract medical examiner, both of whom are retired staff medical examiners. The Holyoke office is a seven day per week operation. Collectively, these four offices employ ninety (90) employees representing seven different disciplines; i.e., medical examiners (physician specialists), medical examiner assistants, intake specialists, administrative assistants, medicolegal investigators, accountants, and managers.

Medical Examiners' Caseloads and Procedures Performed

Table 1 shows medical examiners' caseloads and the number of procedures performed for FY 2016, compared to FY 2015, as well as the current caseload for July 1 2016 through December 31, 2016.

Table 1
Medical Examiners' Caseload and Procedures Performed

	Autopsy	Medical Examiner External Examinations	Total Number of Examinations (Procedures) Performed (Autopsy + External Examinations)
Caseload for FY 2015	2469	2869	5338
Caseload for FY 2016	2811	2707	5518
Current Caseload (7-1-16 thru 12-31- 16)	1547	1448	2995

In FY 2016 the OCME was able to increase the percentage of full autopsies conducted to 51% of accepted cases compared to 46% reported in FY 2015. In FY 2016, the OCME's accepted cases increased 3%. Preliminary numbers for FY 2017 are trending higher in accepted cases and full autopsies conducted.

Post-Mortem Toxicology

Post-mortem toxicology testing is an integral component of medico-legal death investigations. Since July of 2013 the State Police Crime Laboratory has been performing the post-mortem toxicology analysis for the OCME. Table 2 shows the post-mortem analysis for fiscal year 2016. The average turnaround time for toxicology analysis for fiscal year 2016 was 31 days.

Table 2
Toxicology Analysis

Month	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
# of Cases Completed	404	366	460	501	401	490	362	327	423	461	454	407
# of Cases Assigned	417	353	440	418	375	432	376	407	493	436	434	464
# of Cases Pending	484	472	447	368	342	284	300	380	454	420	399	460
Average TAT	39	37	38	32	28	27	28	28	29	32	27	32

Cases Completed in Fiscal Year 2016

Each type of examination performed by a medical examiner, i.e., autopsy or external examination, requires a death certificate whereby the medical examiner certifies the cause and manner of death. Table 3 shows the number of cases completed in FY 2016.

Table 3
Cases Completed in Fiscal Year 2016

Year	Number of Autopsies and External Examinations Performed	Number of Death Certificates Finalized	Number of Death Certificates Pending	Number of Autopsies Performed	Number of Autopsy Reports Completed	Number of Autopsy Reports Pending
FY 2016	5518	5267 (95%)	251 (5%)	2811	2495 (89%)	316 (11%)

Current Turnaround Time

Massachusetts Medical Examiners historically have had a high volume of cases per medical examiner. Standards set by the National Association of Medical Examiners (NAME) state that an individual medical examiner should perform no more than 250 autopsies per year. NAME standards also require that 90% of autopsy reports be completed within 90 days of examination. Best practice for medical examiners' offices expect that medical examiners will perform autopsies on approximately 80% of accepted cases, limiting the remaining 20% to external examinations only.

Beginning in FY 2008, when some medical examiners were performing anywhere from 500 to 800 autopsies per year, the OCME began performing autopsies on 60 percent of the accepted cases with the goal of maintaining a caseload of 250-300 autopsies per medical examiner per year. In FY 2016, while the ratio of autopsies to external examinations was 51 percent autopsies to 49 percent external examinations, the average caseload per medical examiner remained high with an average of 434 post mortem examinations (autopsies and external examinations combined) per medical examiner or 292 autopsy equivalents per medical examiner. (Autopsy equivalents are calculated by dividing the number of external examinations by three and adding the quotient to the number of autopsies.)

The consistently high volume of cases per medical examiner has had a cumulative effect creating delays in finalizing death certificates and autopsy reports on cases that required additional studies, medical records, or investigative reports. These delays have adversely impacted families who need a final death certificate and autopsy report to settle life insurance claims or probate matters or to simply explain why their family member or loved one died.

In order to address these issues while ensuring the efficiency and effectiveness of the OCME, it is essential for the Office to continue its efforts to recruit, hire and maintain full time medical examiners. The current number of medical examiners is still below the recommended staffing levels. Unfortunately, efforts to hire new medical examiners have been extremely challenging because of the limited number of newly trained and available forensic pathologists nationwide. Other states and offices are experiencing similar challenges and issues. As an interim solution, the OCME has used funding made available in FY 2016 to implement a plan to provide administrative and investigative support to medical examiners. The new organizational approach, implemented on October 25, 2015, has two goals: 1) meet the NAME standard of a 90 day turnaround for completing 90 percent of the autopsy reports; and 2) complete 5-10 backlog cases per medical examiner per month. Prior to the implementation of the plan, 56% of the death certificates and 25% of the autopsy reports were completed in 90 days.

Using nearly one year of post implementation data from the new organizational approach, i.e., cases examined from October 26, 2015 to October 2, 2016, Table 4 shows the current turnaround time for finalizing death certificates and completing autopsy reports.

Table 4
Current Turnaround Time

Number of Autopsies and Examinations Performed from 10/26/15 to 10/2/2016	Number of Death Certificates Finalized	Number of Death Certificates Finalized in 90 Days	Number of Autopsies Performed	Number of Autopsy Reports Completed	Number of Autopsy Reports Completed in 90 Days
5221	4800 (92%)	4210 (81%)	2710	2389 (88%)	1947 (72%)

Backlog Cases

From January 1, 2011 through December 31, 2015, the total number of examinations performed, i.e., autopsies plus external examinations, by OCME medical examiners was 25, 991. Table 5 compares the total number of death certificates and autopsy reports from this time period that were pending as of December 31, 2015 with the number pending as of December 31, 2016.

Table 5
Number of Backlog Cases Completed in Calendar Year 2016

	Number of Death Certificates Pending from calendar years 2011 through 2015	Number of Incomplete Autopsy Reports from calendar years 2011 through 2015
As of 12/31/2015	2,146	3,471
As of 12/31/2016	774	2,351
Number Completed in CY 2016	1,372 death certificates	1,120 Autopsy Reports

Though the new organizational approach has resulted in significant improvement in the 90 day turnaround time for the completion of death certificates and autopsy reports, while also reducing the number of backlog cases, additional medical examiners are needed to handle the volume of cases that would enable the office to increase the number of autopsies performed, meet the NAME standard of 90% of reports being completed in 90 days, and eliminate the backlog of pending death certificates and incomplete autopsy reports.

The OCME's longstanding organizational plan specifies a staffing pattern of seventeen (17) staff medical examiners statewide to include the chief and deputy chief medical examiners. Currently there are ten (10) full time staff medical examiners, to include the chief and deputy chief medical examiners and two (2) part-time staff medical examiners for a total of 11.2 staff medical examiners. There are also two (2) forensic pathology fellows and three contract medical examiners who work in the Worcester and Sandwich offices.

The limited number of forensic pathologists nationwide has made recruitment of qualified physicians for staff medical examiner positions difficult. The OCME is fortunate to have recruited a half time contract medical examiner for the Worcester office, who began working on December 8, 2016, and one full-time medical examiner for the Boston office who began working on December 29, 2016. Both physicians are included in the current staffing numbers reported in the previous paragraph.

Additionally, the OCME relies upon its Forensic Pathology Fellowship Program to train and recruit qualified physicians for staff medical examiner positions. Accredited by the Accreditation Council for Graduate Medical Education, this one year fellowship program provides the OCME with the opportunity to train and recruit qualified physicians for staff medical examiner positions. Five of the seven fellows who completed the OCME's Forensic Pathology Fellowship accepted positions as staff medical examiners. The Forensic

Pathology Fellowship Program remains the OCME's long term solution for recruiting medical examiners and funding is being requested to offer staff medical examiner positions to the two fellows who will be completing their training on June 30, 2017 and to fund a third forensic pathology fellow for the academic year that begins on July 1, 2017.

Progress in accreditation with the National Association of Medical Examiners (NAME) Accreditation

On December 12, 2016, the OCME's request for an extension of Provisional Accreditation was approved. The OCME was first granted provisional accreditation in December 16, 2012 and for the past four years, requests to extend provisional accreditation have been approved based upon the OCME's demonstration to NAME that progress is being made in addressing deficiencies. The one deficiency that has prevented the OCME from receiving full accreditation is the requirement that 90 percent of autopsy reports be completed in 90 days. As demonstrated in this report, the OCME has made significant progress since October 26, 2015 in increasing the number of autopsy reports completed in 90 days; however, an office can only be granted provisional accreditation for five years which means that if the OCME is unable to meet the 90 day completion rate for autopsy reports by December 2017, it will lose provisional accreditation status. Should this occur, the OCME will need to reapply for NAME accreditation.

Current Response Time to Scenes

Staff at the OCME respond to numerous death scenes throughout the Commonwealth on a 24/7 basis. Overall, the response time from notification of the death to arrival on the scene is under two hours, excluding scenes in which the death scene investigation is more extensive. Over the past year, the Office has focused on improving internal and external communications between first responders on scene and OCME staff. This ultimately provides a more efficient response.

There have been delays responding to scenes in western Massachusetts; however, the Office hired additional staff and implemented an on-call schedule so that it could respond in a more-timely manner. This change has resulted in improved response times to death scenes while also resulting in agency cost savings from avoiding hiring of private funeral homes for removals. There are very few funeral homes who are interested in performing removals on behalf of the OCME in this region which makes this plan even more essential to Office operations.

The OCME FTE cap of medical examiner assistants had been increased to thirty (30), bringing the Office closer to the recommended number of thirty-four (34) from the 2008 Management Review Team (MRT) report. Currently, there are twenty-six (26) medical examiner assistants on staff and four (4) additional hires in process; however, attrition remains a real concern for the Office.

Progress in Improving Delays in Decedent Release

In accordance with G.L. c 38 § 13, the OCME notifies the Department of Transitional Assistance (DTA) when all efforts to identify a decedent or locate legal next of kin have been exhausted or when the next of kin refuses to claim the decedent. DTA then assigns a funeral home to bury the decedent. The OCME refers an average of 100 cases per year to DTA. Last year, the OCME reported concerns with the amount of time it was taking for a decedent to be released through DTA. At that time, there were only three funeral directors who accepted DTA cases from the OCME and of these, only one funeral director routinely handled the majority of these types of cases. The OCME had been advised that there were two issues adversely impacting decedent releases through DTA: one was a lack of cemetery space for DTA cases and the second was the fee of \$1,100 per decedent that funeral homes receive from DTA. The \$1,100 fee for handling these cases did not cover the expenses associated with the transportation, preparation and burial.

With the growing concern that the office would exceed storage capacity due to the delays in releasing decedents to DTA for burial, the OCME implemented an incentive program for funeral directors. Under this program, implemented in late January 2016, the OCME pays an additional \$1,000 to a funeral director who accepts a DTA case for burial if that the funeral director picks up the decedent within two weeks of being assigned by DTA to handle the burial. At the start of the program, there were twenty-nine (29) decedents waiting DTA burial. Within one month of implementation of the incentive program, all twenty-nine decedents had been released to a DTA assigned funeral home for burial.

Through June 30, 2016, forty-six decedents have been released to DTA for burial within the required two week period at a cost to the OCME of \$46,000. With funding provided by the Executive Office of Public Safety and Security, the OCME was able to continue this program in FY 17. From July 1, 2016 through November 30, 2016 another forty-four decedents have been released for burial within the required two week period with only four decedents waiting DTA burial as of December 1, 2016.

While this incentive program has addressed the OCME's immediate concerns with delays in releasing decedents to DTA for burial, its future as a long term solution is uncertain. This initiative is successful because the OCME was able to obtain funding in FY 2016 and FY 2017 to pay the funeral directors the \$1,000 stipend to defray the expense of handling a decedent's burial through DTA. The OCME averages approximately one hundred unclaimed and or unidentified decedents each year who require DTA burial. Without continued funding to support this incentive program, or some other long term solution, the OCME will once again be faced with the concern of exceeding our body storage capacity due to the long delays in releasing decedents to DTA for burial.

If you have any questions concerning information contained in this report or requires additional information, please contact me.

Sincerely,



Henry M. Nields, MD, PhD
Chief Medical Examiner

cc: Daniel Bennett, Secretary of Public Safety and Security
Curtis M. Wood, Undersecretary of Forensic Science
James Connolly, Chairman, Medico-Legal Investigation Commission